THE
BOSTON MEDICAL AND SURGICAL
JOURNAL.

VOL. XXV. WEDNESDAY, SEPTEMBER 15, 1841. No. 6.

CASES OF STRABISMUS DIVERGENS AND OPERATION.

BY EDWARD J. DAVENPORT, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

REMARKS.—There appears to be a difference of opinion among writers respecting the result of the operation by the division of the muscle in divergent strabismus or leer. Mr. Duffin remarks that he has met with twenty-three examples of divergent strabismus; and of the operations performed upon these, very few have been, strictly speaking, *perfectly* successful, although improved considerably. He supposes likewise that there is more danger that an ungainly protrusion of the eyeball will follow the division of the external than the internal straight muscle; and finally he asserts that the power of vision is not improved even in the slightest degree by the operation, in cases of divergent strabismus. For which reasons he concludes that "it is therefore a matter for consideration, whether the division of the external rectus is a measure to be generally advised or not." Mr. Bennet Lucas has operated in only one case of divergent squint, and this successfully as regards the removal of the distortion. He makes no mention of the degree of vision possessed by the patient. Mr. C. R. Hall, London Medical Gazette, says, "In two instances only, out of thirteen, has the division of the rectus externus failed to remedy divergent strabismus. But in six out of the eleven successful cases, the cornea has only by degrees attained its proper situation."

The result of my experience, founded on these few cases which I enclose for your Journal, is directly opposed to that of Mr. Duffin. With respect, however, to the superior facility of making the section of the abductor over that of the adductor muscle, or that of any other of the orbital muscles, I coincide with him, in opposition to the opinion of some other operators. The division of the external rectus is not only easier of execution and accompanied with less hemorrhage than that of the internal, but owing to the incision being covered and protected from the air by the external commissure of the eyelids, it is also attended with less suffering and inconvenience to the patient. The protrusion of the eyeball, which is a serious objection to myotomia and tenotomia ocularis, is, according to Dr. F. A. Ammon, less likely to ensue in the diverging than in the converging variety; indeed, I have not seen a single instance of this occurrence following an operation for the former, while unfortunately it is by no means an uncommon result in the latter. With respect to the improvement of vision consequent upon the operation, so far as can be inferred from the few cases appended, the result is quite satisfactory.

It has been observed that the recti muscles are not inserted at equal distances, relatively with each other, from the circumference of the cornea, and also that the extent of their insertions differs very much. The eye "being globular, the shape of the insertion of each muscle necessarily forms a portion of the segment of a circle, with the convexity towards the cornea, thus bringing the centre of the insertion nearer the cornea than its ends—a fact to be noted with reference to the operation." The insertion of the external rectus is farther from the cornea than that of the internal, the former being "distant at its centre nearly five lines, and its superior and inferior edges nearly six lines;" that is, about two lines farther from the cornea than is the insertion of the internal rectus. In operating for divergent strabismus, I think that in most cases, the speculum may be laid aside, and an expert assistant should be desired to elevate the upper lid with the fingers of one hand, at the same time drawing it firmly towards the temple, while with the other the lower lid should be drawn outward as well as downward. This, it is obvious, will enlarge the field of operation. Then the eye to be operated upon being turned strongly towards the inner canthus, and an opening made through the conjunctiva raised from the sclerotica with a hook, the section of the tendon may be made about half way between the margin of the cornea and the outer canthus of the eye. The mode pursued by Mr. Hall, vide Case VI., appears to me to be well adapted to cases of divergent squint, unless indeed the subconjunctival method of M. Guérin, of Paris, should be found preferable. I am informed, however, by a very intelligent medical gentleman recently from that city, that M. Guérin confines the method introduced by him to cases of convergent strabismus, and that he operates in the usual manner in that form of squint under consideration. The after-treatment is simple.

My opinion of the operation of myotomia ocularis for the cure of *convergent* strabismus, has been asked. I answer that it does not correspond with the exaggerated, and, I may say, deceptive reports of the success blazoned forth in all the published accounts that I have seen. I wish also to observe, that all the works on strabismus with which I have met, are miserably deficient in directions for the after-treatment; which in nine cases out of ten of *convergent* squint is of vital importance to a successful issue. But reserving to myself the privilege of making some farther remarks at a future period, I proceed to detail the cases already referred to.

Case I. *Division of the External Straight Muscle.*—Otis Foster, Snowhill court, 26 years of age, has had from childhood strabismus divergens of the left eye. It was occasioned by convulsions consequent upon hooping cough. The state of the pupil and the motions of the left eye, when the sound one is closed, are normal, and the power of vision is equally good in either eye; the irides are of a blue color and the eyeballs are prominent. The patient is a mechanic in active business, and having suffered much inconvenience from inability to make the axis of each eye correspond, he was very desirous of trying the effect of the new operation for the cure of strabismus.

With the assistance of Dr. Inches and Dr. Wigglesworth, *March 10th*, I divided the tendon of the external rectus muscle of the left eye, using the blunt hook and scissors, as recommended by Mr. Bennet Lucas. Upon directing the patient to look straight forward, the left eye immediately came into the centre of the orbit, and he was unable to turn it so far outward as he could before. Little or no inflammation ensued, and on the following day he laid aside the compress and bandage, avoiding, however, any exposure to strong light.

12*th*. Dr. Wigglesworth, who visited the patient with me, was of the opinion that a slight degree of divergent strabismus had now occurred in the opposite or sound eye. That the axis of each eye did not perfectly correspond was evident; but careful observation, at a subsequent visit, showed that the difficulty depended upon a slight remaining obliquity of the strabismal eye. The patient was now directed to cover the sound eye and make use of the other alone, and in three days all trace of the distortion had vanished.

18*th*. The patient is able to be abroad without any covering for the eyes, except the visor of a cap. The *contour* and size of the eye are entirely preserved, and both eyes perfectly correspond in *position* and *movements*. The incision of the conjunctiva being concealed by the lids in all the ordinary motions of the globe, the eye presents to the observer not the slightest appearance of having been subjected to a surgical operation of no trivial character. The patient, before unable, except for a short time, to use his eyes by candle light, now declares that he can read in the evening the smallest print without experiencing any fatigue or uneasiness in either eye. I have only to add, with respect to this case, that I have seen Mr. Foster recently, and that the favorable results of the operation remain, and no doubt will continue permanent.

Case. II.—S. W., M.D., a gentleman distinguished no less by his brilliant professional attainments, than by his zeal and devotion in their application, applied to me with strabismus divergens of the left eye. It was induced, while a lad at school, by a habit of *imitation*, which, commenced in sport, gradually led to a confirmed squint. I ought, perhaps, to qualify the last remark, by stating that my patient could at any time, by the exercise of the will, bring the axes of both eyes parallel, but the moment his attention was diverted from this particular point, and likewise when he wished to look at a distant object, the left eye became divergent, and so remained until the effort to make it straight was renewed. The divergence of the eye when looking at distant objects, notwithstanding the opposing efforts of the patient—which were sufficient to make it straight when regarding near objects—was occasioned doubtless by a disparity in the visual focus of each eye, that of the right eye being natural, while that of the strabismal eye was very much shortened; or, in other words, the left eye was myopic. This I consider to be frequently one of the results, and not the cause, of strabismus. In all other respects the condition of the left eye is normal. The irides are of a dark color, and the eyeballs well formed.

28*th*. With the assistance of Dr. Hawes, of Tremont street, I divided the tendon of the rectus externus muscle of the left eye, near its insertion. The tendon was long, white and firm, and was easily freed from the surrounding cellular membrane and fascia for the distance of two lines or more.

I made the section, however, near its insertion into the sclerotica, and this I believe to be in all cases the most proper as well as the most convenient place.

29th. Both eyes are parallel, and the eye operated upon is free from any inflammation or uneasiness. The patient is able to be abroad, and from this time attended as usual to his professional avocations, the eye being protected merely by the visor of a cap.

In the course of two or three weeks subsequent to the operation a small button-like granulation formed in the cicatrix of the divided membranes, which being excised with curved scissors, no farther difficulty ensued. At the date of this communication, no obliquity is apparent in either eye, and the myopia is so far overcome that the focal distance is nearly the same in both. In conclusion, I may be allowed to remark that my patient bore the operation with a degree of fortitude and resolution truly admirable.

Case III.—Miss C. T., æt. 20, has divergent strabismus of the left eye, caused, as her family suppose, by an attack of the hooping cough when about two years of age. The strabismal eye is very much turned towards the external canthus, and the obliquity gives an unpleasant expression to a countenance otherwise agreeable; besides which, the eye is so extremely myopic, that in attempting to read common print with it, it is necessary to bring the book nearly into contact with the face. By a great effort on the part of the patient, the squinting eye can be directed so as to correspond with the sound one, but it can be retained in this position for a few seconds only, and the exertion is followed always by a sense of fatigue and uneasiness. Miss T. has at times experienced much inconvenience from seeing, at the same moment, more than one object, when she desired to direct her attention to one only; in this case she was obliged to close the strabismal eye and use the other alone. The irides in this patient are of a blue color, and the state of the pupil, and motions of the squinting eye singly, are normal.

March 26th. Assisted by Drs. J. Mason Warren, Leach, Wigglesworth and George Hayward, Jr., I divided, in the usual manner, with scissors curved on the edge, the external straight muscle, previously raised from the sclerotic with a blunt hook. The operation was somewhat retarded by what appeared to be an unusual amount of investing cellular tissue, and also by the extreme paleness of the muscular fibres, which could with difficulty be distinguished from the former. The tendon was flat, wide, and with fleshy fibres running apparently to its insertion. The hemorrhage did not exceed a few drops in amount. The sound eye being unclosed, both eyes assumed a correct position and correspondence, and the improvement in the personal appearance of the patient was immediate and truly gratifying. By an operation attended with no danger, and causing but little pain, and that momentary, an important organ, before useless, is restored to a condition to be made effective, and in an instant a deformity is removed which for a life-time has exerted a depressing moral influence upon the unfortunate patient. After the operation the patient was unable to turn the eye outward much, if any, beyond the centre of the orbit.

27th. The eye is free from pain, and the direction is perfect. May remove all bandages and wear a light shade. No farther treatment became necessary, and the patient went abroad in a few days.

May 10th. The linear cicatrix being concealed within the external canthus, not a vestige of the operation is visible in the ordinary position of the lids, and both in direction, size and contour, the left eye is perfect, and moves in unison with the right in every way.

July 26th. Both eyes remain the same as at last date. The power of vision in the eye operated upon has so much improved that the patient can read common print at the distance of about eight inches.

Case IV.—Miss M. R., Milton place, 24 years of age, has had divergent strabismus of left eye from infancy, of which the cause cannot be ascertained with certainty. The irides are blue; the state of the pupil and the movements of the strabismal eye singly, are normal; the vision of this eye is rather imperfect, and there ensues a weakness, with a feeling of fatigue, even after a moderate application of the eyes upon small objects, particularly by candle light. Her general health is good.

May 5th. Drs. H. B. C. Greene, Inches, Whitney, and George H. Snelling, Esq., being present, the tendon of the external straight muscle of the left eye was divided. I used for the section, in this instance, a pair of straight scissors, having one point blunt or probe-pointed. The right or sound eye being directed forward, both became parallel, but the patient was still able to turn the eye operated upon outward a little beyond the centre of the orbit. The tendon had been entirely divided, and the sclerotic coat was plainly visible, denuded of cellular membrane to a considerable extent each way beyond the superior and inferior margin of the muscle. Compresses wet constantly with iced water and a light bandage were applied. Eight hours after operation, patient reports that she has suffered much pain in the eyeball and through the left side of the head, but that it is now subsiding. Having taken a cathartic draught in the morning, she was now directed an opiate, and I found her the following day (6th) free from pain, and with the eye quite straight. Rather more inflammation than usual, with considerable redness and irritability of the conjunctiva in the vicinity of the incision, occurred in this case, and continued for the space of several days. This was attributable in part to the extremely hot weather then prevailing.

May 17th. The position of the eye appears to be perfectly correct, and the redness has mostly disappeared.

Aug. The eye is reported to be well in all respects.

[To be concluded next week.]

MASSACHUSETTS GENERAL HOSPITAL.—SURGICAL CASES TREATED BY S. D. TOWNSEND, M.D., SURGEON.

[Communicated for the Boston Medical and Surgical Journal.]

An engineer on the Worcester Rail-road, aged 28 years, was brought to the Hospital, Aug. 3d, in consequence of receiving the following injury. While on the locomotive, conducting a train of cars, at 6, P. M., the day before, the engine struck the wheel of a cart which was passing over the track, and was thrown off the rails. He was standing at the brake handle, and was thrown against it with such violence, that it passed through the thigh just below the groin, separating the muscles and great vessels from the femur, and appearing through the integuments on the inner and back part. There was extensive laceration of the muscles and integuments, beginning in front at a line extending from the anterior spinous process of the ileum to the pubis, and proceeding down obliquely to the patella. Not much blood was lost at the time of the accident, although the large bloodvessels were laid bare. His general health has been remarkably good, using no ardent spirits and very little animal food. His wound was dressed with adhesive plaster, which on his admission was partly removed, and compresses wet with an aqueous solution of opium applied.

5th. No dejection from the cathartic ordered yesterday, until after taking ol. ricini ℥ i. Afternoon more restless; much heat of skin; pulse 120. Venesection eight ounces; opiate at night. Wound begins to be offensive; skin dark and blistered. Apply lint spread with ungt. creosote to wound, and cover it with compresses wet with chlor. sodæ.

6th. Complained of nausea occasionally until evening, when it was relieved by sinapism to epigastrium. Pulse 98; sloughing of the wound progressing.

7th to 9th. Much pain along the thigh and leg at times; rigors followed by fever; mouth dry; erythematous inflammation above the margin of the slough; occasional delirium. Aqueous solution of opium applied to wound, and opiates at night. Pulse 104.

10th. A large portion of gangrenous integument removed to-day, giving exit to a deposit of pus confined at the lower part of the wound, which now appears more healthy. We find the slough on the outer side of the thigh deeper than was apprehended; the tensor vaginæ femoris is removed, sartorious and gluteus medius ruptured. Appetite somewhat improved. May have broth for dinner, with four ounces of port wine daily.

11th. Slept tolerably well, after taking Dover's powder grs. 10, twice in the night. Pulse 102. R. Infus. cinchon., ℔ i.; tinct. do. ℥ i. Take one ounce four times daily. Free dejection after enema.

13th. Appetite improving. Omit infus. cinchon. Let him take sulph. quinine grs. ii. four times a day, with port wine eight ounces. Appearance of wound more favorable. The sloughing has extended to the crest of the ileum, and from thence down two thirds of the thigh. The following muscles are now displayed as if by a neat dissection, the cellular membrane having sloughed away:—The gracilis, which a retraction of the integuments has carried over to the outside of the thigh; the sartorius torn across, and its ruptured fibres lying transversely at the edge of the gracilis; part of the abductor longus, and the rectus. On the outer side, the gluteus medius torn across just above the trochanter major. The tensor vaginæ femoris and its fascia have nearly sloughed away, while a branch of the crural nerve, deprived of its vitality, lies in front.

15th and 16th. Suffering much from pain at the epigastrium, for which he was ordered cathartics, and enemata, with opiate fomentations, without relief; it subsided, however, after the application of a blister and the strong ammonia.

17th. The integuments were approximated with adhesive plaster, and supported at the under side, where there is a large deposit of pus, by thick compresses.

31st. The wound is rapidly healing, and his health re-established; but the cellular membrane being entirely removed at the interstices of the muscles, and not capable of restoration, the facility of motion in these parts is lost; and as granulation advances, the different muscles will form one solid undefined mass, and their individuality be lost, while the free motion of the limb will be much impaired.

The patient, I think, owes the preservation of his life, after this formidable accident, in a great measure, to his habits of rigid temperance, and it should form a strong argument in favor of the practice, especially to those who are engaged in laborious employments, exposing them to sudden and violent accidents.

DR. INGALLS'S LETTER ON YELLOW FEVER.

[Continued from page 85.]

Entertaining not only a strong prejudice against calomel as a remedy in the yellow fever, but esteeming its effects to be hurtful, I have abandoned its use altogether, both as a purgative and as a sialagogue. As, however, the use of mercury with both intentions has received the support of men eminent in their profession, it may not, perhaps, be improper, in this place, to cite the several opinions in favor and in opposition to this therapeutic agent. This task will be accomplished with greater facility by having recourse to Dr. Good's Study of Medicine,* in which there is a compilation of the various modes of treating the yellow fever by men celebrated for talents, experience and acquisition of medical science.

"Dr. Rush was not less alert in his purgative plan, than in active, profuse and repeated vensections. Ten grains of calomel and fifteen of jalap, was the force with which he opened his remedial attack, and which he repeated every six hours, till the alvine canal was effectually evacuated. This mode of treatment, he tells us, he was led to by accident; and with it he became as successful as he had been unsuccessful under the tamer and more established method. This remedy has, however, still more lately been employed on a different ground, under a different mode of management.

"Calomel, instead of being employed as a purgative, has been enlisted as a powerful alterant and deobstruent, and persevered in to salivation, by doses of from five to five and twenty or thirty grains every third or fourth hour, according to circumstances, till this point is obtained; which, however, is not regarded as important in itself, but as showing that the system is under its influence. Dr. Chisholm seems fairly entitled to the honor of having first tried and recommended mercury with this intention." His chief reliance is placed on MERCURIAL PTYALISM, as it appears from the following:—"Let it never be forgotten that at whatever period of the disease salivation is excited, whether the supposed signs of putrefaction have appeared or not, the accession of it is the certain signal of cessation of disease, and of returning health."*

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* Vol. II., pp. 183 to 192. Wells & Lilley. 1826.

"This general plan of Dr. Chisholm has in the present day become highly, and perhaps chiefly popular, and is powerfully recommended from personal experience of its advantage by Dr. James Johnson, Dr. Burnett, Dr. Boyd, Dr. Denmark, and a long list of valuable authorities, some of whom regard it as the 'sheet-anchor.'

"There can be no doubt of mercury being highly advantageous, in a great multitude of cases, and of general benefit in various forms of this destructive epidemy. There is no medicine which, primâ facie, affords a better prospect of relief than mercury, from its general action on the excernent system, as well as its specific action on the intestinal canal, and the salivary glands. It must, however, be admitted that it is only under a particular condition and tone of the vascular frame, that it can at any time be employed with good effect; and hence not only is a sound judgment constantly demanded in its application, which indeed is a requisite that ought ever to be present, but much important time is often lost in preparing the system for its remedial introduction. It is TRULY said, indeed, by the advocates for mercury, that such other remedies are all valuable adjuvants; and this is so far from being denied by those who are hostile to the use of mercury, that they affirm, on the contrary, that the benefit ascribed to this medicine, when it has obtained a sway over the system, OUGHT RATHER TO BE ATTRIBUTED TO THESE ADJUVANTS THEMSELVES; WHICH WOULD HAVE PROVED STILL MORE BENEFICIAL HAD THEY BEEN LEFT TO THEIR OWN POWER AND INTENTION ALONE. Mr. Gibson, who is a strenuous advocate for the use of mercury upon the principle now adverted to, very candidly admits both these causes of impediment." "It would seem," he says, alluding to the debilitating province of Guzzaret, "that DEBILITY AND THE PLETHORIC SYSTEM ARE EQUALLY INIMICAL TO THE SPECIFICAL MERCURIAL ACTION. If the patient is fortunately invigorated sufficiently to give the mercury influence, and BEFORE ANY ORGAN OF LIFE IS INJURED, by the strictest nursing and attention afterwards the recovery is almost certain, all morbid action yielding from the moment ptyalism is brought on."†

"Even in cases, however, in which the mercurial action is fortunately excited, the same intelligent writer tells us that he has frequently met with a very serious evil resulting from the mercury itself; for such, says he, is at times the profusion of ptyalism when once induced, that the most disagreeable consequences succeed, and the convalescence is long and precarious; on which account he laments that we have no criterion to determine how far we may proceed with the mercurial process, and when we ought to stop. Dr. Bancroft advances much farther than this, and asserts that not only salivation retarded the convalescence, and produced very troublesome affections of the tongue, mouth and throat, with

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On the Climate and Diseases of Tropical Countries, p. 215.

Edinburgh Medical and Surgical Journal, Vol. XI.

other ill consequences, but that the salivators, even when they have been free from this evil, have not been more successful than other practitioners; and he particularly alludes to the admission of Dr. Rush, who was not unfriendly to the mercurial mode of treatment, that 'in the City Hospital (of Philadelphia), when bleeding was sparingly used, and the physicians depended chiefly upon salivation, more than one half died of all the patients who were admitted.*

"For like reasons Dr. Jackson speaks with as little satisfaction of the same practice, not only upon his own experience but even upon that of Dr. Chisholm himself. Alluding to the high recommendation of mercury by the latter, he observes, "the detail of his testimonies does not warrant a conclusion so favorable; for the proportion of mortality in the detachment of Royal Artillery upon whom this practice is supposed to have been first tried, has perhaps scarcely ever been exceeded in a tropical climate. Further, it is a common observation that where salivation actually takes place in continued fevers, it seldom shows itself till the violence of the symptoms has evidently abated; hence a suggestion arises that the appearance of salivation is only an indication of the departure of the disease :—no proof exists that the operation of the mercury is the cause of the departure. Such are the remarks which occurred in reviewing different modes of treatment in the hospitals of St. Domingo; to which it will not be superfluous to add an experiment made at the Mole in August, 1796, by Mr. Lind, surgeon to Jamaica. Out of fifteen cases of fever put under the care of Mr. Lind, on *the first day* of the disease, and treated with the utmost attention, five died; in three of whom salivation actually took place; five recovered, in whom no salivation took place; in the other five, who also recovered, salivation was evidently established, but, as is usual, not till the violence of the symptoms had begun to abate. Out of four who were under his care on *the second day* of the disease, no one died; but one only was affected by the mercury; one brought to the Hospital on *the third day* of the illness, died; mercury was employed, but no salivation took place; one, on *the fourth*, likewise died, without marks of salivation; one on *the fifth*—the salivation was established, but the disease proved fatal. In none of the above cases were less than ten drachms, and in most cases not less than two ounces of strong mercurial ointment rubbed into the legs and thighs, with the employment of all other means which seemed calculated to promote the expected effect."†

"The question, therefore, to say the least of it, is still open; and, admitting all that can be said in favor of employing mercury as a sialagogue, the evils which flow from the uncertainty of its action, both in respect to time and degree, and its frequent inroads upon the constitution, even when it has been of use, are serious and important."

Having relinquished the use of calomel as a purgative, as a substitute I have given the preference to the infusion of senna and balm, as mentioned above. This selection is made from the persuasion, the remedy has the tendency to assuage the hepatic irritation, on which the malignity of the fever, in a great measure, depends; and being a liquid, it might also act as a diluent of the acrid contents of the stomach and intestines, and serve as a soothing lotion to the irritated mucous membrane of these organs. When the emetic was not accompanied with dejections, the patient was directed, immediately after he had ceased vomiting, to take an ounce of castor oil, and begin with drinking the infusion of senna and balm; if in the course of an hour there were no evacuation from the bowels, an enema was administered. This series of purgative remedies was required only in one instance. In one case the fever was treated with purgative doses of the solution of Rochelle salts (soda et potassæ tartrass) alone.

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* Essay on the Disease called Yellow Fever, &c. 8vo. 1811.

† History and Cure of Fever, Part I., ch. xi., pp. 293, 294.

In 1801, at the corner of Purchase and Summer streets, there was situated a house called the coffin, from its shape, or because all the inmates died with the yellow fever. There was no death in the city except in the house just alluded to. In passing, I was desired by one of the sextons who were employed in disinfecting the house, to go in and see the only remaining patient, that lay at the point of death. (I understood she died in half an hour after I saw her.) I was ushered into a small bed-room, in which was a matronly-looking woman lying on the outside of the bed, clad in a silk dress, unattended by a nurse, neglected by her friends, and deserted by her relatives. Having retained her faculties, at my request she gave me the history of her sickness, which detained me about twenty minutes. In a short time after, I gradually became costive, the abdomen enlarged and tense, and a preternatural sensation of heat was diffused throughout the convolutions of the intestines. As soon as these symptoms had somewhat advanced, I commenced taking grain pills of calomel, as frequently as my feelings or fancy dictated, until a thorough operation was produced, which was followed by such a sudden and extreme prostration of strength as I never before or since experienced. That these phenomena were premonitory of the yellow fever, I have no corroborative testimony. WILLIAM INGALLS.

DR. CHADBOURNE'S EXPLANATION OF DR. BROWN'S NOTE.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I ought to have known that "communications of a personal or invective character do not come within the design of the Journal," and therefore cannot complain of the rejection of my reply to Dr. Brown's note. Yet being now publicly accused of moral delinquency, you surely will not deny (in justice to the lady, if not to myself) sufficient space for a word of explanation. Dr. Brown says that he knows nothing about me, only that *I once put a young lady, a relative, under his care, for which I have not paid him.* The words in Italics are literally true, and yet convey, by implication, as palpable an untruth as Dr. B. could possibly have promulgated. All the explanation I ask to make is simply this. Having formerly placed a young lady under Dr. Brown's care, who was subjected to great expense without deriving any essential benefit, and having distributed, by Dr. B.'s request, a large package of his circulars in N. H., I felt at liberty to call occasionally at his Infirmary; and seeing with what care all his operations, the application of his instruments, and all the minutiæ of his practice, were concealed from the eye of his brethren, excepting "the consulting surgeons and physicians of the Orthopedic Infirmary of the city of Boston," I confess my confidence began to diminish, and I very frankly told him I thought of consulting the physicians of the Massachusetts General Hospital in regard to this last patient's case, before deciding where to leave her. Dr. B. then immediately *offered to charge nothing for his services if I would place the patient under his care*, to which I acceded, although I had no pecuniary interest whatever in the case. I impute no sinister motive to Dr. B. for this apparent liberality; yet justice requires me to add that he realized a very considerable fee from the patient herself for instruments; and in this, as in the other case, the only good done, or benefit conferred, was through the fee received by the doctor, he being the only party essentially benefited; the patients remain yet *in statu quo.* If Dr. B. asks for proof of any of these facts, I will refer him to one of his professional brethren in Boston, to whom he is probably sensible of being under no inconsiderable obligation.

Thus stands the account of my indebtedness to Dr. Brown and the Orthopedic Infirmary, so exultingly proclaimed in the last Journal; and if the doctor chooses to rest the defence of the merits of his practice on so frivolous a subterfuge, he is welcome to all its benefit.

Concord, N. H., Aug. 31, 1841. THOS. CHADBOURNE.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I transmit to you the following case for publication in your Journal. The novelty and rare occurrence of such cases, may render it interesting to your readers; and it is hoped that you or some of your experienced correspondents may throw some light upon the peculiar condition of the system that gave rise to the singular and uncommon pathological phenomena. Respectfully your obt. servt., WM. STOCKBRIDGE, M.D.

West Feliciana Parish, La., June, 1841.

OBSTRUCTION OF THE MENSES.

CASE.—Amy, a servant girl, belonging to H. D. Kellogg, Esq., had been laboring under an obstruction of the menses seven years. At the age of thirteen, previous to which time she had been healthy, she experienced the symptoms that usually attend the establishment of the menstrual discharge, but not followed with any flow from the uterus. These symptoms returned regularly every month, with increased local and general derangement. At each period, these symptoms abated by a sanious discharge, sometimes by emesis, at other times by catharsis; and ceased entirely by eruptions upon the surface of the body and a discharge of purulent matter, leaving her in a condition that unfitted her for the duties of the plantation. She had been married several years—no children, and perfectly indifferent to acts of conjugal intercourse. Commenced a course of treatment in June, 1838, as follows: R. Comp. tr. guiac., ℥ ii.; tr. cantharides, spts. ammonia aromat. āā ℥ i. Dose, a teaspoonful three times a day. The bowels were acted upon by a cathartic every four or five days, and stimulating injections given per vaginam. After pursuing this course of treatment six weeks, the catamenia were secreted and discharged naturally; the eruptions upon the body, the sanious discharges from the stomach and bowels, with their painful attending symptoms, ceased entirely, and her general health became restored. She resumed her duties upon the plantation, entered into the enjoyment of sexual intercourse, and in process of time presented her master with an increase of family. Since this time she has been healthy and fruitful.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, SEPTEMBER 15, 1841.

SKELETON OF THE GREAT MISSOURIUM.

To Dr. Jarvis, of Louisville, Ky., we are indebted for a pamphlet of twenty pages, by Albert Koch, descriptive of the osteology of what the author claims to be a gigantic, non-descript, antediluvian monster, which he calls the *Missourium*, or *Missouri Leviathan*, now on exhibition at the West. Mr. Koch's history of the discovery, and of the Indian traditions which pointed to that spot in the State of Missouri where he found these magnificent remains of an animal that transcends the wildest imaginings of naturalists, and absolutely throws into disorder that beautiful system of vital architecture which philosophers conceived existed and characterized every geological epoch of our globe, cannot be read without feelings of wonder and astonishment. Mr. Koch is an ingenious man—for no common-place denizen could have produced such a specimen of marvellous narrative. The skeleton thus said to be disentombed, after being concealed in the earth for a countless series of ages, through the persevering exertions of Mr. K. was brought to light in the spring of 1840. From that time till within a few months he says he has been engaged in putting bone to its fellow bone for exhibition. When completed, he must have been astonished at the result of his labors—for the skeleton measures 32 feet in length, 15 feet in height, and the head is six feet long. From one zygomatic arch to the other, is 4 feet. Its tusks are 10 feet in length, exclusive of 1 foot 3 inches, which forms the root, and is therefore out of sight in deep sockets. These were carried horizontally, like the feelers of an insect, and were 21 feet apart at their points. This is but an outline of the vivid description by Mr. Koch.

A more magnificent imposition than this probably never entered the mind of an adventurer. A carefully written article in the last No. of the Western Journal of Medicine and Surgery, exposes the whole trick, and proves, by the most rigid, unerring rules of osteological science, that this monster skeleton is nothing more nor less than a monstrous cheat—made of two mastodon skeletons, united into one. The exposer of the fraud says that "Mr. Koch has strung, on an iron wire, not less than 41 (vertebræ) drawn from different animals, and placed them at such distances from each other, that their oblique processes do not touch, filling up the intervals with single and double blocks of wood, about two inches thick. In this way he added about ten feet to the length of the spine, &c." The reputed clavicles are two ribs. The feet never belonged to an aquatic animal, but are recognized, by every accurate anatomist, as those of a mastodon, abominably distorted to appear to be what they are not. This exposure should be made known far and wide, that Mr. Koch and his associates may be prevented from gulling out of the uninformed, sight-seeing public, that splendid fortune which they unquestionably entertain the hope of accumulating.

Washington College, Baltimore.—The medical department of this University is well organized, with a highly respectable faculty. There is enterprise and a laudable ambition there, the elements of usefulness and greatness. The lectures begin the last Monday in October, and continue four months. All the tickets, called a full course, cost but $90—cheap enough in all reason, considering the expense of conducting an institution in a large city. A magnificent collection of dried medicinal plants, comprising eleven hundred species, arranged by R. E. Griffith, M.D., formerly of the University of Virginia, now belongs to the department of materia medica. This will be the fifteenth session of this school of medicine—an evidence of its character and prosperity.—There is a rival, or rather another school, in the same city, the particulars of which will be given at a future day.

New York Orthopedic Institution.—Orthopedic institutions are multiplying—and, what is better, great good results from them. Drs. Dorr, Brewster and Van Pelt are associated in the management of the one named above. They have our kind wishes for their success. Dr. Mott also has an orthopedic institution in New York. Whether the city can furnish a sufficient supply of cripples to keep them both in active operation, remains to be ascertained. A few years ago there was pretty much the same zeal for opening eye and ear infirmaries at the West, that is now manifested for orthopedic surgery. There being both tenotomists and anti-tenotomists in the field, there is no predicting who will be conquerors.

Board of Health, New Orleans, Aug. 25th, 1841.

The Board of Health regret to have to announce to their fellow citizens, that from the monopolizing character and extension the acclimating fever has assumed, it must now be considered an epidemic disease. Though mostly confined to the laboring classes and the intemperate, the chief mortality has been produced by the tardiness in calling for aid during the period in which alone it can be effectual. It has been found highly manageable when taken in the early stages, but fatal as it progresses without adequate assistance. For this there is no excuse. No city in the world is more blessed with those benign philanthropic associations and charitable institutions than New Orleans, from whose numerous officers and directors, scattered all over the city, relief can be obtained within *any* hour.

But the Board will not confine itself merely to announce the *existence* of danger; a word of advice to the unacclimated, to avoid or resist its influence, would seem to be called for by every dictate of duty and humanity.

Everything that throws the system off its balance, either as to quantity or quality of drink, food, or indulgence of the passions, must be considered *intemperate*, in the true acceptation of that term, impairs the integrity and unity of the vital actions, undermines the controlling power of the constitution, and brings the predisposition that every unacclimated person has during the existence of an epidemic into action, and becomes an *exciting cause* of the disease.

Be temperate in *all things;* let your food be of easy digestion and taken at regular intervals; if in the habit of using any class of stimulants, lessen their quantity—break off entirely no habit suddenly in the face of danger; it unsettles the system and is hazardous. Avoid currents of air, and particularly when exhausted by perspiration—the dews of night, and mid-day sun, and rains. Keep your skin moist by suitable clothing; give cleanliness and vigor to it by a free use of the bath and flesh brush. With these precautions, uninfluenced by fear—with equanimity of mind, and a firm reliance on Divine Providence—the risk is small; the chief danger is already overcome.

But if, notwithstanding these precautions, complied with or not, a chill or fever should occur, pains in the head, back or limbs, immediately go to bed, put your feet in a hot mustard bath, drink warm tea, and send for those whose business it is to cure disease. You have gone far enough—risk no farther: lose not an hour, and ninety-nine hundreths can be saved in average constitutions. E. H. BARTON, M.D., President.

Medical Miscellany.—Mrs. Elizabeth Cottingham is now living in Somerset county, Maryland, who, according to the records of her family, was 110 years old in March last. She reads without spectacles, and has the full exercise of the mental powers.—Between 80 and 100 students are said to be in attendance at the Berkshire Medical College.—Dr. Bartlett has written a small work in vindication of the condition and character of the female operatives of Lowell. We have not yet had a copy.—One of the Thomsonian journals speaks of the powerful diuretic properties of white-pine bark—that next the wood to be used in dropsies.—What has become of all the surgical instrument makers of the city? Country practitioners cannot find them as formerly, when they wish their instruments repaired. The worst of it is, they almost invariably leave behind them their bills unsettled.—The demonstrator of anatomy at Pittsfield, Dr. Chaffee, is spoken of in high terms. He is officiating in place of Dr. McClintock, the professor, now at Castleton.—Dr. E. H. Barton, of New Orleans, has received the honorary degree of A.M. from Dickinson College, Carlisle, Penn.—The general health at Havana is improving—although the sickness in the shipping, at the last dates, was severe. Yellow fever is still on the increase at New Orleans. The rumor that it had appeared at Charleston, S. C., is said to be wholly unfounded.—Mr. Floyd, an English surgeon, who accompanied the expedition up the Euphrates, has written home a vivid account of his trip, 1100 miles, in a steamboat, up that celebrated river. He visited the site of the ancient Nineveh, Babylon, &c.—At St. Thomas, County of Berthier, Canada, on Friday, the 20th ult., Mrs. Pierre Augé was delivered of a son. On Sunday following, 22d, the same of a son and daughter; mother and children all doing well.—Among the works lately published in London, we notice "Three Memoirs on the Development and Structure of the Teeth and Epithelium, &c., read at the meeting of the British Association, by A. Nasmyth, F.L.S., F.G.S., &c."

Errata.—In Dr. Paine's communication, at page 78, line 44, for complete read *complex*; page 79, line 17, for Platonic read *Plutonic*; line 25, for constituted read *constitutes*; page 83, line 4, for miracles read *miracle.*

Number of deaths in Boston for the week ending Sept. 4th, 45.—Males, 27; Females, 18.—Stillborn, 3. Of consumption, 2—disease of the bowels, 1—marasmus, 1—diarrhœa, 4—dysentery, 2—inflammation of the bowels, 4—infantile, 3—fits, 2—croup, 2—disease of the brain, 1—scarlet fever, 2—insane, 1—typhus fever, 1—dropsy, 1—cholera infantum, 2—delirium tremens, 1—bowel complaint, 2—bilious fever, 1—dropsy on the brain, 2—worms, 1—dropsy in the head, 1—convulsions, 1—canker, 2—inflammation of the lungs, 1—dropsy of the bowels, 1—intemperance, 2—unknown, 1.

REGISTER OF THE WEATHER,

Kept at the State Lunatic Hospital, Worcester, Ms. Lat. 42° 15′ 49″. *Elevation* 483 *ft.*

1841. Aug.	THERM.			BAROMETER.			Wind, 2, P.M.	Weather, 2, P.M.	Remarks.
	Sun r.	2, P.M.	Sun s.	Sun r.	2, P.M.	Sun s.			
1 Sun.	56	70	63	29.36	29.40	29.50	N	Fair	
2 Mon.	54	82	66	29.55	29.65	29.66	S W	Fair	
3 Tues.	60	85	63	29.69	29.69	29.68	S	Fair	
4 Wed.	65	85	75	29.60	29.54	29.50	S	Cloudy	
5 Thur.	69	80	78	29.47	29.44	29.40	S W	Cloudy	
6 Frid.	66	80	71	29.40	29.41	29.42	N E	Fair	Aurora borealis.
7 Satur.	57	81	79	29.43	29.47	29.47	S W	Fair	Heavy fog in the morning.
8 Sun.	58	81	75	29.49	29.55	29.55	S W	Fair	Foggy morning.
9 Mon.	67	71	69	29.52	29.49	29.45	S	Cloudy	.37 inch of rain.
10 Tues.	67	80	75	29.53	29.59	29.56	S	Fair	
11 Wed.	72	67	66	29.50	29.50	29.52	N E	Rain	1 .05 inch of rain.
12 Thur.	64	75	72	29.50	29.52	29.50	S W	Fair	.04 inch of rain. Dense fog.
13 Frid.	64	76	72	29.47	29.48	29.45	S W	Fair	
14 Satur.	62	72	70	29.50	29.60	29.62	N E	Fair	
15 Sun.	62	73	70	29.71	29.79	29.80	N W	Fair	
16 Mon.	52	77	72	29.78	29.74	29.68	S W	Fair	
17 Tues.	59	84	80	29.61	29.58	29.56	S W	Fair	
18 Wed.	62	82	72	29.52	29.50	29.50	S W	Fair	
19 Thur.	64	84	73	29.46	29.48	29.47	S W	Fair	
20 Frid.	66	81	73	29.49	29.53	29.52	N W	Fair	Showery. .01 inch of rain.
21 Satur.	65	86	80	29.51	29.50	29.47	S W	Fair	Foggy morning.
22 Sun.	71	71	72	29.40	29.41	29.45	N	Cloudy	
23 Mon.	62	76	72	29.51	29.57	29.62	N	Fair	Very dry.
24 Tues.	50	74	70	29.68	29.75	29.75	N	Fair	Fog in the low grounds.
25 Wed.	5.	78	66	29.74	29.70	29.66	S	Fair	do. do.
26 Thur.	55	78	66	29.60	29.56	29.53	S	Fair	Dry and dusty.
27 Frid.	58	78	64	29.53	29.53	29.52	S	Rain	.23 inch of rain.
28 Satur.	64	69	68	29.55	29.55	29.62	N E	Rain	Fog in the morning. .09 inch of rain.
29 Sun.	65	70	63	29.65	29.69	29.70	N E	Rain	.16 inch of rain.
30 Mon.	66	68	66	29.63	29.53	29.48	N E	Rain	.61 inch of rain.
31 Tues.	64	72	65	29.40	29.39	29.35	N E	Fair	.11 inch of rain.

This month has been dry and fair. The crops have suffered considerably for want of rain. Quantity of rain, 2.77 inches. Barometer has ranged from 29.35 to 29.80; thermometer, from 50 to 86.

BOSTON MEDICAL SCHOOL.

The subscribers continue to receive students in medicine, and to afford them every advantage in the pursuit of their profession. The following course will be pursued during the ensuing medical year.

For those gentlemen who intend presenting themselves for degrees after the next series of lectures at the Medical College of Harvard University, special and minute examinations will be held upon the numerous branches of medicine and surgery.

Students will be admitted to the medical and surgical practice of the Massachusetts General Hospital, and to the Infirmary for Diseases of the Lungs. At the Hospital, Dr. Bowditch will deliver a course of clinical lectures; and there, as well as at the Infirmary, practical lessons in auscultation will be afforded.

Occasional opportunities will be had for private practice in midwifery, surgery, &c.

Arrangements have been made for an abundant supply of means for the study of practical anatomy, in which branch the students will be assisted by one of the instructers.

A meeting of the students for the purpose of reporting cases, and for medical discussion and criticism, is held weekly under the superintendence of one of the instructers.

A regular course of instruction will be given as follows.

On Descriptive and Practical Anatomy and Surgery, by	Dr. Stedman.
Theory and Practice of Medicine, by	Dr. Perry.
Diseases of the Chest, and Midwifery, by	Dr. Bowditch.
Materia Medica and Chemistry, by	Dr. Wiley.

Rooms for study, fuel, and light, free of expense.

For terms, apply to H. G. Wiley, M.D., or to either of the subscribers.

M. S. PERRY, M.D., 412 Washington st.
C. H. STEDMAN, M.D., 7 Hanover st.
H. I. BOWDITCH, M.D., 8 Otis place.
H. G. WILEY, M.D., 467 Washington st.

Boston, Sept. 6, 1841. S 15—ep1m—eoptf

MEDICAL LECTURES IN BOSTON.

These Lectures begin annually in the Medical College, in Mason street, Boston, on the first Wednesday in November, and continue four months.

		Fees.
Anatomy and Operative Surgery, by - -	Dr. Warren,	$15,00
Midwifery and Med. Jurisprudence, by - -	Dr. Channing,	10,00
Materia Medica, by - - - - - - - -	Dr. Bigelow,	10,00
Principles of Surgery and Clinical Surgery, by -	Dr. Hayward,	10,00
Chemistry, by - - - - - - -	Dr. Webster,	15,00
Theory and Practice of Physic and Clinical Medicine, by	Drs. Ware and Bigelow,	15,00

At a meeting of the Medical Faculty, May 29, 1841, it was *Voted*, That hereafter two full courses of lectures in this school be required of candidates for the degree of Doctor in Medicine. But for one of these courses a substitute may be received in a course of lectures at any other medical institution in which the number of teachers is not less than six, and in which the time occupied by lectures is not less than four months.
WALTER CHANNING, Dean.
Boston, August 21, 1841. S 1—eptN

UNIVERSITY OF NEW YORK.—DEPARTMENT OF MEDICINE.

The annual course of Lectures will commence on the last Monday of October next, and continue until the ensuing March.

Valentine Mott, M.D., Professor of Surgery.
Granville Sharp Pattison, M.D., Professor of Anatomy.
John Revere, M.D., Professor of Theory and Practice of Medicine.
Martyn Paine, M.D., Professor of the Institutes of Medicine and Materia Medica.
Gunning S. Bedford, M.D., Professor of Obstetrics and Diseases of Women and Children.
John W. Draper, M.D., Professor of Chemistry.

The fees for a full course of lectures amount to $105. Matriculation fee, $5. Respectable board and lodging can be obtained at from $2,50 to $3,00 per week.

In addition to the facilities which the hospitals of New York offer for clinical instruction, a **Surgical Clinique** has been instituted in the College building under the direction of the Professors of Surgery and Anatomy.
JOHN W. DRAPER,
Jy 28—eoptN1 *Secretary to the Faculty.*

JEFFERSON MEDICAL COLLEGE OF PHILADELPHIA.

Session of 1841–42.

The regular Lectures will commence on the first Monday of November.

Robley Dunglison, M.D., Professor of Institutes of Medicine and Medical Jurisprudence.
Robert M. Huston, M.D., Professor of Materia Medica and General Therapeutics.
Joseph Pancoast, M.D., Professor of General, Descriptive, and Surgical Anatomy.
J. K. Mitchell, M.D., Professor of Practice of Medicine.
Thomas D. Mutter, M.D., Professor of Institutes and Practice of Surgery.
Charles D. Meigs, M.D., Professor of Obstetrics and Diseases of Women and Children.
Franklin Bache, M.D., Professor of Chemistry.

On and after the first of October, the dissecting room will be open, and the Professor of Anatomy will give his personal attendance thereto. Clinical instruction will likewise be given at the Dispensary of the College.

During the course, ample opportunities will be afforded for clinical instruction; Professors Dunglison, Huston, and Pancoast being medical officers of the Philadelphia Hospital; Professor Meigs of the Pennsylvania Hospital; and Professor Mutter, Surgeon to the Philadelphia Dispensary.

Professor Dunglison will lecture regularly on Clinical Medicine, and Professor Pancoast on Clinical Surgery, at the Philadelphia Hospital, throughout the course.

Added to these facilities, the Museum of the Institution affords essential aid to the student, by its various anatomical, pathological, and obstetrical preparations and drawings, as well as by the diversified specimens of genuine and spurious articles, and plates, drawings, &c., for illustrating the materia medica. These, with the numerous and varied specimens that have been *recently* added from the private collections of the members of the faculty, render the Museum and Cabinets more rich and effective for the purpose of Medical Instruction than they have ever been.
ROBERT M. HUSTON, M.D., *Dean of the Faculty.*

MEDICAL INSTITUTION OF YALE COLLEGE.

The annual course of Lectures, for the term of 1841-2, will commence on Thursday, September 30, and continue sixteen weeks.

Chemistry and Pharmacy, by	Benjamin Silliman, M.D. LL.D.
Theory and Practice of Physic, by - - - - -	Eli Ives, M.D.
Materia Medica and Therapeutics, by - - - -	William Tully, M.D.
Principles and Practice of Surgery, by - - - -	Jonathan Knight, M.D.
Obstetrics, by - - - - - - - -	Timothy P. Beers, M.D.
Anatomy and Physiology, by - - - - - -	Charles Hooker, M.D.

Fees for a full course, $76, to be paid in advance. Abundant facilities for dissections at a very moderate expense. Graduation fee, $15.
CHARLES HOOKER, *Sec'ry.*
Yale College, New Haven, July 6, 1841. Jy 14—tsep28

VACCINE VIRUS.

Physicians in any section of the United States can procure ten quills charged with **Pure Vaccine Virus**, by return mail, on addressing the Editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post paid*, without which no letter will be taken from the post office. June 19

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover.